

# Clinic Dispensed Drugs and Contraceptive Supplies

February 2007

**Presented by:**

**California Department of Health Services  
Office of Family Planning**

# Sex, Drugs, and ....



# Family PACT Clinical Projects

## 2005-07

- ☒ Provider Profiles
- ☒ Program benefits/ streamline coding
- ☒ Clinical Practice Alerts: 4 per year
- ☒ Policies for clinic dispensed medications
- ☒ Update the Family PACT PPBI
- ☒ Complications covered under Family PACT
- ☐ HIPAA code compliance (S-code, NDC, NPI)
- ☐ CPT and ICD coding policies and training

# Pharmacy Issues: Background

- Drugs in Family PACT can be dispensed from
  - Medi-Cal contracted pharmacies
  - On-site by enrolled providers (mostly clinics)
- Pharmacy-dispensed drugs
  - Are subject to Medi-Cal policies
- Clinic-dispensed drugs
  - Are subject to Family PACT policies
  - By *prior* PPBI policy, must be billed “at cost”

# Pharmacy Dispensed Drugs

- Payment limits, unit limits, and fill frequencies are specified on-line to contracted pharmacies
- Payment policies
  - Dispensing fee: \$7.25 per prescription (not per unit)
  - Generics: federal upper limit (FUL) or average wholesale price (AWP)-17%
  - Brand name (single source) drugs
    - AWP-17% to pharmacy
    - Minus confidential *federal rebates*
- 60% of Family PACT program drug costs are for pharmacy dispensed drugs

# Clinic Dispensed Drugs

- **Drugs and contraceptive supplies account for 48% of total reimbursement to clinics that offer them**
- **OCs have highest volume and cost of clinic-dispensed medications (42% of all drugs/ supplies)**
- **Z7610 (miscellaneous drugs) account for <10% total drug/ supply claims**

# Clinic Dispensing Fees (CDF)

- **State legislation**
  - **AB2151 (2004), AB77 (2005)**
- **Welfare and Institutions Code 14132.01**
  - **Signed, chaptered in fall 2005**
  - **Applies to Family PACT and Medi-Cal**
  - **Provides statute allowing clinic dispensing fees**

# AB 77: Clinic Dispensing Fees

- Applies primarily to community and free clinics
- Must bill “at cost”: acquisition cost of the drug plus a clinic dispensing fee (CDF) of **no more** than \$12
  - Emg Cont: max CDF is \$17 “per prescription”
- CDF is billed “per unit” set by Family PACT PPBI
- FQHC’s, rural health centers cannot bill CDF, unless reimbursed for drugs fee-for-service
- Reimbursement is the lesser of the amount billed or the **net** Medi-Cal reimbursement rate



# CMS Waiver Expectations

- **The Family PACT Section 1115 Waiver provides federal financial participation (FFP) for drugs**
  - **90% FFP: contraceptives**
  - **50% FFP: STI drugs**
- **“All requirements of the Medicaid program expressed in law not expressly waived...will apply to California’s Family PACT program”**
- **The FUL Program...limits are intended to assure that the Federal government acts as a prudent buyer of drugs**

# Development of the Clinic Dispensing Policy

- **The challenge**
  - **Implement CDFs (AB77)**
  - **“Clean up” Z7610 problem (over-utilization)**
  - **Align pharmacy and clinic dispensing policies and rates**
  - **Fiscal responsibility to CMS and the State**
- **Met and conferred with**
  - **Medi-Cal Pharmacy Branch**
  - **EDS**
  - **Family PACT Provider Workgroup**
  - **Family PACT Stakeholder’s Group**

# Policy for Clinic Dispensed Drugs

- **Objectives**
  - Integrate dispensing fees per assembly bill (AB) 77
  - Establish *Fixed Payment Rates*, without claim submission of actual acquisition cost
  - Establish clinic dispensing limits
- **Basic principles**
  - Use Medi-Cal basic rate whenever possible
    - Medi-Cal basic rate *includes* the CDF
  - If Medi-Cal rate isn't available, Family PACT sets rate
    - CDF is *added to* the Family PACT rate
  - Applies only to *dispensed* drugs, not injected

# Clinic Dispensing Fees

- **Three levels of clinic dispensing fees**
  - **A: Pharmacist pre-packaged containers**
    - \$3.00 per prescription
  - **B: Manufacturer pre-packaged tubes**
    - \$2.00 per prescription
  - **C: Contraceptive supplies**
    - 10% of fixed rate
  - **None: injections, IUCs, implants**
    - Continue to claim per Medi-Cal policy

# CDFs: FQHCs, Rural Health Clinics

- Based on contractual obligations, some FQHCs and RHCs cannot charge CDF, since “drug dispensing” is factored into visit rates
- Must submit claims at actual drug acquisition cost
- Upper payment limit (*not* the maximum drug cost) applies to claims
- Decision *not* to claim CDF is left to providers; Family PACT or EDS will not verify
  - Some claims will not include a CDF

# Z7610 (Miscellaneous) Drugs

- Includes most antibiotics, all anti-viral and anti-fungal drugs, and oral estradiol
- The “Family PACT Price Guide” will specify
  - Maximum billing units per claim (tabs, tubes)
  - **Fixed** Claim Rate per unit
  - Maximum drug cost (maximum units *times* rate)
  - Clinic dispensing fee
  - Upper payment limit (max drug cost + CDF)
  - Minimum fill frequency

# Z7610 (Miscellaneous) Drugs

- The “Family PACT Price Guide” updated biannually
- Generic drug price set at the lower of
  - FUL, or
  - AWP - 17%, times 0.89
- Single-source (brand name) drugs price set at
  - AWP - 17%, times 0.70
  - This 30% discount on “lowest price” is average of all federal and state supplemental rebates
  - Seeks to equalize the *net* drug cost between pharmacies and clinics

# Z7610 Drugs: UB 92 Claim

Box 84				Box 47	Box 46
Drug Name	Dosage size	# units dispensed times Fixed Claim Rate (subtotal)	Plus CDF	Claim total	Units
Acyclovir	200 mg caps	50 capsules x \$0.15 = \$7.50	\$3.00	\$10.50	1
Butocon-azole	2% SR cream/ tube	1 tube x \$29.33/tube = \$29.33	\$ 2.00	\$31.33	1
Doxy-cycline	100mg tablets	28 tablets x \$0.14 = \$3.92	\$ 3.00	\$11.34	1
Proben-ecid	500mg tablets	2 tablets x \$0.71= \$1.42	\$ 3.00		



# Z7610 Claim Adjudication

- At EDS, claims will be reviewed manually
- Using “Z7610 Claims Adjudication Table”
  - Review information in “Remarks” box
  - Find drug name, dose, and regimen in the table
  - Check accuracy of calculation
  - Approve the *lesser* of the
    - Claimed amount
    - “Upper payment limit” for the regimen
  - If remarks box is blank, the claim will deny

# X1500 Contraceptive Supplies

- Family PACT has set a “Fixed Rate per unit” for each category of contraceptive supplies
  - Rates listed in the Family PACT Price Guide
- The total claim amount cannot exceed the Medi-Cal X1500 limit of \$14.99
- To determine reimbursement, compute
  - ***Subtotal***: number of units dispensed *times* the Fixed Rate
  - ***CDF***: multiply the *sum* of supply costs by 10%
  - Add Subtotal + CDF = amount of the claim

## Clinic Dispensed Supply Claim Examples (X1500):

Remarks Box 84 (form UB 92) Reserved for Local Use Box 19 (form HCFA 1500)				Box 47/ Box 24 F	Box 46/ Box 24 G
Supply Name	Unit	# units dispensed times fixed claim rate (subtotal)	Plus 10% CDF	Claim total	"Units" on claim
Male condoms	1 condom	30 condoms @ \$0.28/condom = \$8.40	\$ 0.84	\$ 9.24	1
Spermicidal foam	1.4 oz. can	1 can (40 grams) @ \$0.21/gram = \$8.40	\$ 0.84	\$ 9.24	1

# Other Drug X Codes

- **Formulary drugs with rates specified by Medi-Cal**
  - **X7706 (oral contraceptives)**
  - **X7716 (Azithromycin 250mg tablets)**
  - **X7722 (emergency contraception)**
  - **X7728 (contraceptive patch)**
  - **X7730 (contraceptive vaginal ring)**
- **The amount in the Medi-Cal basic rate table is the Fixed Claim Rate, which *includes* the dispensing fee**
- **This figure is multiplied by the number of units dispensed and entered in the “charges” box**
- **In the “units” box, list the number of units dispensed**

# Clinic Dispensing Limits

<b>BC Method</b>	<b>Unit limit</b>	<b>Fill Frequency</b>
<b>OCs (X7706)</b>	<b>13 cycles</b>	<b>14 days/cycle*</b>
<b>Patch (X7728)</b>	<b>4 boxes (12 patches)</b>	<b>30 days/ box</b>
<b>Ring (X7730)</b>	<b>4 rings</b>	<b>30 days/ring</b>
<b>Plan B (X7722)</b>	<b>2 units/event</b>	<b>6 units/year</b>
<b>DMPA (X6051)</b>	<b>1 injection</b>	<b>70 days</b>
<b>IUC (X1522, X1532)</b>	<b>1 IUC</b>	<b>1 year</b>
<b>Barrier (X1500)</b>	<b>\$14.99</b>	<b>14 days*</b>

**\*In policy only**

# Putting It All Together

- **Specify a single formulary for pharmacy and clinic dispensed drugs and contraceptive supplies**
- **Establish fixed reimbursement rates for clinic *dispensed* drug and contraceptive supplies**
- **Implement clinic dispensing fees**
  - **Adherence with W&I Code 14132.01 (AB77)**
- **Refine the Z7610 claims system**
  - **Apply certain “limits” on clinic-dispensed drugs, as with pharmacy-dispensed drugs**

# Plans for Implementation

- Publication of Medi-Cal Bulletin: **Feb 16, 2007**
  - Fixed Claim Rate on Medi-Cal codes: **immediate**
  - Z7610, X1500 rate tables: **May 1, 2007**
- Publish Family PACT “Program Letter:”  
**Feb 16, 2007**
  - Explain new billing procedures
  - Family PACT Price Guide
- Publish “Using the Family PACT Formulary”  
Clinical Practice Alert: **April 2007**
- Offer statewide provider trainings
- After effective date, work with EDS to fix “bugs”

## Benefit Case Study #1

- **Ms. A is a 21-year-old established client seen for annual who is a current OC user**
- **PMH negative; normal LMP 2 wks ago**
- **BP, breast, and pelvic exam normal**
- **Pap, preg test, GC, and chlamydia done**
- **13 cycles of OCs dispensed**
- **Office visit took 15 minutes**



# Benefit Case Study #1

## Billable

**S-code: S10.2**

- E/M (99213)
- OCs (X7706) x13

## Do not Bill

- Pap smear
  - Lab slip: S10.2
- Chlamydia
- Gonorrhea
  - Lab slip: S10.2

## Tests not indicated for Ms. A

- Pregnancy test

# UB 92 Billing

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
1	<b>OFFICE VISIT</b>	<b>99213</b>	<b>080106</b>	<b>1</b>	<b>2200</b>
2	<b>ORAL CONTRACEPTIVES</b>	<b>X7706</b>	<b>080106</b>	<b>13</b>	<b>15600</b>
3					.
4					.
5					.
6					.

67 PRIN. DIAG. CD.	68 CODE	69 CODE	70 CODE	OTHER DIAG. CODES			73 CODE
<b>S102</b>				71 CODE	72 CODE		
79 P.C.	80	PRINCIPAL PROCEDURE		81	OTHER PROCEDURE		OTHER PROCEDURE
		CODE	DATE	CODE	DATE	CODE	DATE
				<b>A</b>		<b>B</b>	
		OTHER PROCEDURE	DATE	OTHER PROCEDURE	DATE	OTHER PROCEDURE	DATE
		CODE	DATE	CODE	DATE	CODE	DATE
		<b>C</b>		<b>D</b>		<b>E</b>	

a 84 REMARKS **L2 13 PACKS NORGESTIMATE AND ETHINYL ESTRADIOL x \$12ea =\$156**

b  
c  
d

**optional**

## Benefit Case Study #2

- **Ms. C is a 34-year-old woman with an HSIL on Pap 3 wks ago; seen for colposcopy**
- **Using DMPA, last shot 12 weeks ago**
- **Vaginal discharge present for 2 weeks**
- **Wet mount: Candida present**
- **Colposcopy: 2 biopsies + ECC**
- **Dispensed Monistat-3 cream**
- **DMPA 150mg IM injection given**

## Benefit Case Study #2

### Billable

**S-code: S20.2**

- **E/M (99212)**
- **Wet mount (87210)**
  - **ICD-9: 112.1 (candida)**
- **Colpo+biopsy (57454)**
  - **ICD-9: 795.04**
- **Supplies (57454 ZM)**
  - **ICD-9: 795.04**
- **Miconazole (Z7610)**
- **DMPA 150 mg (X6051)**

### Do not Bill

- **Surgical path**
  - **Lab slip: S20.2**
  - **Lab slip: 795.04**

### Remember

- **Two claims with different 2° diagnosis codes are required.**
- **Pathology slip needs a 2° diagnosis code**

# UB 92 Billing

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
1	OFFICE VISIT	99212	080106	1	1810
2	WET MOUNT	87210xx	080106	1	472
3	MISCELLANEOUS DRUGS	Z7610	080106	1	917
4	DMPA 150 mg	X6051	080106	1	5119
5					
6					

**No CDF**

**At Cost**

67 PRIN. DIA.	68 CODE	69 CODE	70 CODE	OTHER DIAG. CODES	72 CODE	73 CODE
S202	1121					
79 P.C.	80 PRINCIPAL PROCEDURE CODE DATE	81 OTHER PROCEDURE CODE DATE	OTHER PROCEDURE CODE DATE	OTHER PROCEDURE CODE DATE	OTHER PROCEDURE CODE DATE	OTHER PROCEDURE CODE DATE
		A		B		
		C		D		
				E		

a 84 REMARKS

b  
c  
d

**L3 MICONAZOLE 2% 1 tube x \$7.17 + \$2.00 CDF=\$9.17**

# UB 92 Billing

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
1	<b>COLPOSCOPY WITH BIOPSY</b>	<b>57454AG</b>	<b>080106</b>	<b>1</b>	<b>8614</b>
2	<b>SUPPLIES</b>	<b>57454ZM</b>	<b>080106</b>	<b>1</b>	<b>3000</b>
3					.
4					.
5					.
6					.

67 PRIN. DIAG. CD.	68 CODE	69 CODE	70 CODE	OTHER DIAG. CODES			73 CODE
<b>S202</b>	<b>7954</b>						
79 P.C.	80	PRINCIPAL PROCEDURE DATE		81	OTHER PROCEDURE DATE		OTHER PROCEDURE DATE

**2nd SDC**

a  
b  
c  
d

84 REMARKS

## Benefit Case Study #3

- **Ms. E is a 32-year-old woman seen with a complaint of vulvar itching x 2 weeks**
- **Contraception is Mirena IUC**
- **Exam: single cluster of vulvar ulcers**
- **Saline and KOH suspensions negative**
- **Herpes culture performed; sent to lab**
- **Dispensed acyclovir x 10 days**

## Benefit Case Study #3

### Billable

**S code: S40.2**

- **E/M (99213 or -14)**
- **Wet mount (87210)**
  - **ICD-9: 616.10**
- **Medication (Z7610)**
  - **Acyclovir x 10 days**
  - **ICD-9: 616.50**

### Do not Bill

- **HSV culture**
  - **Lab slip: S40.2**
  - **Lab slip: 616.50**
- **HSV typing not covered**

### Remember

- **Include 2 secondary diagnosis codes on the superbill**
- **Submit 2 claims**



# UB 92 Billing

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
1	OFFICE VISIT	99213	080106	1	2400
2	WET MOUNT	87210XX	080106	1	472
3					.
4					.
5					.
6					.

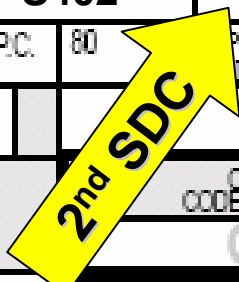
67 PRIN. DIAG. CD.	68 CODE	69 CODE	70 CODE	OTHER DIAG. CODES			73 CODE
S402	61610			71 CODE	72 CODE		
79 P.C.	80	PRINCIPAL PROCEDURE		81	OTHER PROCEDURE		OTHER PROCEDURE
		CODE	DATE	CODE	DATE	CODE	DATE
				A		B	
		OTHER PROCEDURE		OTHER PROCEDURE		OTHER PROCEDURE	
		CODE	DATE	CODE	DATE	CODE	DATE
		C		D		E	

a 84 REMARKS  
 b  
 c  
 d

# UB 92 Billing

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
1	<b>MISCELLANEOUS DRUGS</b>	<b>Z7610</b>	<b>080106</b>	<b>1</b>	<b>990</b>
2					.
3					.
4					.
5					.
6					.

67 PRIN. DIAG. CD.	68 CODE	69 CODE	70 CODE	OTHER DIAG. CODES			73 CODE
<b>S402</b>	<b>61650</b>			71 CODE	72 CODE		
79 P.C.	80	PRINCIPAL PROCEDURE		81	OTHER PROCEDURE		OTHER PROCEDURE
		CODE	DATE	CODE	DATE	CODE	DATE
				<b>A</b>		<b>B</b>	
		OTHER PROCEDURE	DATE	OTHER PROCEDURE	DATE	OTHER PROCEDURE	DATE
		CODE	DATE	CODE	DATE	CODE	DATE
		<b>C</b>		<b>D</b>		<b>E</b>	



a 84 REMARKS

b  
c  
d

**L1 ACYCLOVIR 400MG TAB#30 x \$0.23 = \$6.90 + CDF \$3.00=\$9.90**

## Benefit Case Study #4

- **Ms. F is a 28-year-old woman whose male partner was diagnosed with gonorrhea**
- **She has no symptoms**
- **Using Nuva Ring as contraceptive method**
- **Diagnostic tests for gonorrhea and chlamydia obtained and sent to lab**
- **Dispensed**
  - **Ceftriaxone 125mg IM**
  - **Azithromycin 1gm PO**

## Benefit Case Study #4

### Billable

**S-code: S10.2**


- E/M (99213 or -14)
- Medication (Z7610)
  - Azithromycin
  - ICD-9: **V01.6**
- Medication (X5864)
  - Ceftriaxone
  - ICD-9: **V01.6**

### Do not Bill

- Chlamydia
- Gonorrhea
  - Lab slip: **S10.2**

### Remember

**Use the ICD-9 code that indicates she was exposed to an index case**



**L2 AZITHROMYCIN 1GM PACKET @ \$17.18 + CDF \$2.00=\$19.18**

## Benefit Case Study #5

- **Ms. J is a 40-year-old new patient with irregular menstrual periods**
- **In a new relationship; unprotected intercourse 2 days ago**
- **Oriented to Family PACT (10 minutes)**
- **After exam, dispensed by clinician**
  - **2 packs of Plan B**
  - **10 condoms**
  - **Spermicidal film (box of 10)**
  - **Lubricant (100gm tube)**

# Benefit Case Study #5

## Billable

**S-code: S50.1**

- **E/M (99203)**
- **E&C (Z9751)**
- **Plan B (X7722) x 2 cycles**
- **Contraceptive supplies (X1500)**
  - **10 condoms**
  - **10 VFC Film**
  - **100gm lubricant**

# UB 92 Billing

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
1	OFFICE VISIT	99203	080106	1	5720
2	EDUCATION/COUNSELING	Z9751	080106	1	1279
3	PLAN B EMERG CONTRACEP	X7722	080106	2	4172
4	CONTRACEPTIVE SUPPLIES	X1500	080106	1	1397
5					
6					



67 PRIN. DIAG. CD.	68 CODE	69 CODE	70 CODE	OTHER DIAG. CODES			73 CODE
S501	61650			71 CODE	72 CODE		
79 P.C.	80	PRINCIPAL PROCEDURE		81	OTHER PROCEDURE		OTHER PROCEDURE
		CODE	DATE	CODE	DATE	CODE	DATE
				A		B	
		OTHER PROCEDURE		OTHER PROCEDURE		OTHER PROCEDURE	
		CODE	DATE	CODE	DATE	CODE	DATE
		C		D		E	

a 84 REMARKS

b L4 10 CONDOMS x 0.28= \$2.80; 10 FILM x 0.69= \$6.90; 100GM LUBE x 0.03= \$3.00  
 c ST = \$12.70 + CDF \$1.27 = \$13.97  
 d



## Benefit Case Study #6

- **Ms Z is a 24-year-old new client OC user with “bumps on my vulva”**
- **Exam shows extensive genital warts**
- **Partner has warts on his penis, but he doesn’t like doctors and won’t come in**
- **Dispensed**
  - **Imiquimod (Aldara) 2 boxes**
  - **100 condoms**

## Benefit Case Study #6

### Billable

**S-code: S10.2**

- **E/M (99203)**
- **Contraceptive supplies (X1500)**
  - **Condoms**
- **Medication (Z7610)**
  - **Imiquimod (Aldara)**
  - **ICD-9: 078.11 genital warts**

# UB 92 Billing

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
1	<b>OFFICE VISIT</b>	<b>99203</b>	<b>080106</b>	<b>1</b>	<b>5720</b>
2	<b>CONTRACEPTIVE SUPPLIES</b>	<b>X1500</b>	<b>080106</b>	<b>1</b>	<b>3080</b>
3	<b>MISCELLANEOUS DRUGS</b>	<b>Z7610</b>	<b>080106</b>	<b>1</b>	<b>30400</b>
4					
5					
6					

67 PRIN. DIAG. CD.	68 CODE	69 CODE	70 CODE	OTHER DIAG. CODES	71 CODE	72 CODE	73 CODE
<b>S102</b>	<b>1</b>						
79 P.C.	80	PROCEDURE DATE	OTHER PROCEDURE DATE	OTHER PROCEDURE DATE	OTHER PROCEDURE DATE	OTHER PROCEDURE DATE	OTHER PROCEDURE DATE

**L2 M...NDOMS 100... EA = \$28.00 + CDF \$2.80 = \$30.80**  
**L3 ALDARA 2 UNITS x \$150 EACH + CDF \$4.00 = \$304.00**

# UB 92 Billing

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
1	<b>OFFICE VISIT</b>	<b>99203</b>	<b>080106</b>	<b>1</b>	<b>5720</b>
2	<b>CONTRACEPTIVE SUPPLIES</b>	<b>x1500</b>	<b>080106</b>	<b>1</b>	<b>3080</b>
3	<b>MISCELLANEOUS DRUGS</b>	<b>Z7610</b>	<b>080106</b>	<b>1</b>	<b>30400</b>
4					
5					
6					

**Pay \$124.73  
+ \$2.00 CDF**

**Pay \$14.99**

67 PRIN. DIAG. CD.		68 CODE		70 CODE		OTHER DIAG. CD.		71 CODE		72 CODE		73 CODE	
S102		07811											
79 P.C.	80	PRINCIPAL PROCEDURE		OTHER PROCEDURE				OTHER PROCEDURE					
		CODE	DATE	CODE	DATE	CODE	DATE	CODE	DATE	CODE	DATE	CODE	DATE
				A		B							
		OTHER PROCEDURE		OTHER PROCEDURE				OTHER PROCEDURE					
		CODE	DATE	CODE	DATE	CODE	DATE	CODE	DATE	CODE	DATE	CODE	DATE
		C		D		E							

a 84 REMARKS

b **L2 MALE CONDOMS 100 x \$0.28 EA = \$28.00 + CDF \$2.80 = \$30.80**

c **L3 ALDARA 2 UNITS x \$150 EACH + CDF \$4.00 = \$304.00**

d

## For Additional Assistance

- **Policy and Benefits: Office of Family Planning**
  - Telephone: (916) 650-0414
  - Website: [www.familypact.org](http://www.familypact.org)
  - E-mail: [fampact@dhs.ca.gov](mailto:fampact@dhs.ca.gov)
- **Billing Assistance: Electronic Data Systems**
  - Telephone Service Center: (800) 541-5555
- **Technical Assistance: Provider Resource Line**
  - Telephone: (877) FAMPACT (326-7228)